

COMPANY INFORMATION FORM

CALIFORNIA AIR RESOURCES BOARD

PERCHLOROETHYLENE AND METHYLENE CHLORIDE REPORTING FORMS

Please fill out the requested information about your company. Provide us with the complete company name and mailing address. Identify a contact person, specify this person's title, and provide his or her phone and fax number, and email address. This sheet needs to be completed only once for each company and should be attached to the product information forms upon submittal.

Company Name: _____

Address: _____

City, State, ZIP: _____

Contact Person: _____

Title: _____

Phone: _____ FAX: _____

Email: _____

☐ NO PERCHLOROETHYLENE CONTAINING PRODUCTS SOLD IN CALIFORNIA IN 2007

☐ NO METHYLENE CHLORIDE CONTAINING PRODUCTS SOLD IN CALIFORNIA IN 2007

Total number of product labels included for your company = _____

It is important that you submit a label for each new product reported. You do not have to submit labels for previously reported products unless that label has changed since your last submission.

Please ensure that each label includes legible usage instructions.

Confidential Information?: ____ (yes) ____ (no)

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For ARB Use Only	
Date Received:	Log #: